

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

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1. The name of the Limited Partnership is _____

 2. The address of the office and the name and address of the agent for service of process required to be maintained by W.S. 17-14-205 is: _____

 3. The mailing address where correspondence and annual report forms can be sent:

 4. The name and the business address of each general partner: _____

 5. The amount of cash and a description and statement of the agreed value of the other property or services contributed or to be contributed in the future.

 6. The latest date upon which the limited partnership is to dissolve _____.

Date: _____

General Partner

General Partner

General Partner

Filing Fee: \$100.00

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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Cheyenne, WY 82002-0020

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I, _____, voluntarily consent to serve as the
registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent